

Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts



FOR OFFICE USE ONLY

Date received:

For applicants or members **born in Massachusetts** who want help getting proof of their U.S. citizenship, **please fill out, sign, and date this form** and send it back to the one MassHealth Enrollment Center (MEC) listed below that is closest to where you live.

Revere MEC
300 Ocean Avenue
Suite 4000
Revere, MA 02151
Springfield MEC
333 Bridge Street
Springfield, MA 01103
Taunton MEC
21 Spring Street
Suite 4
Taunton, MA 02780
Tewksbury MEC
367 East Street
Tewksbury, MA 01876

For applicants or members **born outside Massachusetts** who want help getting proof of their U.S. citizenship, MassHealth may be able to help you. Please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

Fill out one section below for EACH applicant or member who is applying for or getting benefits, was born in Massachusetts, and wants help getting proof of his or her U.S. citizenship through the Massachusetts Registry of Vital Records and Statistics.

Note: When filling out the sections below, be sure to print clearly and make sure each applicant's or member's name is entered exactly as it would appear on his or her birth certificate.

Applicant's/Member's current last name	First		MI	Suffix (ex., "Jr.")
Applicant's/Member's last name at time of birth (if different)	First		MI	Suffix (ex., "Jr.")
Date of birth	Gender at time of birth (if different)			
Massachusetts hospital name	Massachusetts city of birth			
Mother's/Coparent's last name (at time of applicant's/member's birth)	First		MI	Mother's maiden name
Father's/Coparent's last name (at time of applicant's/member's birth)	First		MI	Suffix (ex., "Jr.")
Applicant's/Member's current last name	First		MI	Suffix (ex., "Jr.")
Applicant's/Member's last name at time of birth (if different)	First		MI	Suffix (ex., "Jr.")
Date of birth	Gender at time of birth (if different)			
Massachusetts hospital name	Massachusetts city of birth			
Mother's/Coparent's last name (at time of applicant's/member's birth)	First		MI	Mother's maiden name
Father's/Coparent's last name (at time of applicant's/member's birth)	First		MI	Suffix (ex., "Jr.")
Х				
Signature of person filling out form		Date		
X				
Printed name of person filling out form		Social security n	umber	

Street address, city/town, state, zip code

Applicant's/Member's current last name	First	MI	Suffix (ex., "Jr.")	
Applicant's/Member's last name at time of birth (if different)	First	MI	Suffix (ex., "Jr.")	
Date of birth	Gender at time of birth (if different)	,		
Massachusetts hospital name	Massachusetts city of birth			
Mother's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Mother's maiden name	
Father's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Suffix (ex., "Jr.")	
Applicant's/Member's current last name	First	MI	Suffix (ex., "Jr.")	
Applicant's/Member's last name at time of birth (if different)	First	MI	Suffix (ex., "Jr.")	
Date of birth	Gender at time of birth (if different)			
Massachusetts hospital name	Massachusetts city of birth			
Mother's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Mother's maiden name	
Father's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Suffix (ex., "Jr.")	
Applicant's/Member's current last name	First	MI	Suffix (ex., "Jr.")	
Applicant's/Member's last name at time of birth (if different)	First	MI	Suffix (ex., "Jr.")	
Date of birth	Gender at time of birth (if different)			
Massachusetts hospital name	Massachusetts city of birth			
Mother's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Mother's maiden name	
Father's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Suffix (ex., "Jr.")	
X				
Signature of person filling out form		Date		
X		-		
Printed name of person filling out form		Social security number		